



General Assembly

**Amendment**

January Session, 2009

LCO No. 8868

**\*HB0652908868HDO\***

Offered by:

REP. FONTANA, 87<sup>th</sup> Dist.

SEN. CRISCO, 17<sup>th</sup> Dist.

To: Subst. House Bill No. 6529

File No. 311

Cal. No. 251

**"AN ACT CONCERNING THE LICENSING AND REGULATION OF  
THIRD-PARTY ADMINISTRATORS."**

1 After the last section, add the following and renumber sections and  
2 internal references accordingly:

3 "Sec. 501. (NEW) (*Effective July 1, 2009*) (a) As used in this section:

4 (1) "Claims paid" means the amounts paid for the covered  
5 employees of an employer or governmental entity by an insurer, health  
6 care center, hospital service corporation, medical service corporation  
7 or other entity as specified in subsection (b) of this section for medical  
8 services and supplies and for prescriptions filled, but does not include  
9 expenses for stop-loss coverage, reinsurance, enrollee educational  
10 programs or other cost containment programs or features,  
11 administrative costs or profit.

12 (2) "Employer" means any town, city, borough, school district,  
13 taxing district or fire district employing more than fifty employees.

14 (3) "Utilization data" means (A) the aggregate number of procedures  
15 or services performed for the covered employees of the employer, by  
16 practice type and by service category, or (B) the aggregate number of  
17 prescriptions filled for the covered employees of the employer, by  
18 prescription drug name.

19 (b) (1) Each insurer, health care center, hospital service corporation,  
20 medical service corporation or other entity delivering, issuing for  
21 delivery, renewing, amending or continuing in this state any group  
22 health insurance policy providing coverage of the type specified in  
23 subdivisions (1), (2), (4), (11) and (12) of section 38a-469 of the general  
24 statutes shall disclose to an employer sponsoring such policy, upon  
25 request by such employer, the following information for the most  
26 recent thirty-six-month period or for the entire period of coverage,  
27 whichever is shorter, ending not more than sixty days prior to the date  
28 of the request, in a format as set forth in subsection (c) of this section:

29 (A) Complete and accurate medical, dental and pharmaceutical  
30 utilization data, as applicable;

31 (B) Claims paid by year, aggregated by practice type and by service  
32 category, each reported separately for in-network and out-of-network  
33 providers, and the total number of claims paid;

34 (C) Premiums paid by such employer by month; and

35 (D) The number of insureds by coverage tier, including, but not  
36 limited to, single, two-person and family including dependents, by  
37 month.

38 (2) Such insurer, health care center, hospital service corporation,  
39 medical service corporation or other entity shall not be required to  
40 provide such information to the employer more than once in any  
41 twelve-month period.

42 (c) Each insurer, health care center, hospital service corporation,  
43 medical service corporation or other entity as specified in subsection

44 (b) of this section that is requested by the employer for the information  
45 set forth in subdivision (1) of subsection (b) of this section shall  
46 provide such information: (1) In a written report; (2) through an  
47 electronic file transmitted by secure electronic mail or a file transfer  
48 protocol site; or (3) through a secure web site or web site portal that is  
49 accessible by the employer insured by such insurer, health care center,  
50 hospital service corporation, medical service corporation or other  
51 entity.

52 (d) Each insurer, health care center, hospital service corporation,  
53 medical service corporation or other entity as specified in subsection  
54 (b) of this section shall include only health information that has had  
55 identifiers removed, as set forth in 45 CFR 164.514, and is not  
56 individually identifiable, as defined in 45 CFR 160.103, and is  
57 permitted to be disclosed under the Health Insurance Portability and  
58 Accountability Act of 1996, P.L. 104-191, as amended from time to  
59 time, or regulations adopted thereunder.

60 (e) Any information submitted to an employer in accordance with  
61 this section shall be confidential by law and privileged and shall not be  
62 subject to disclosure under section 1-210 of the general statutes, subject  
63 to subpoena, or subject to discovery or be admissible in evidence in  
64 any private civil action, except that an employee organization, as  
65 defined in section 7-467 of the general statutes, that is the exclusive  
66 bargaining representative of the employees of such employer shall be  
67 entitled to receive claim information from such employer in order to  
68 fulfill its duties to bargain collectively pursuant to section 7-469 of the  
69 general statutes.

70 (f) Information provided to an employer pursuant to this section  
71 shall be used by such employer only for the purposes of obtaining  
72 competitive quotes for group health insurance or to promote wellness  
73 initiatives for the employees of such employer."